

Division_____

Michigan Department of Community Health
 Early Hearing Detection and Intervention
 P.O. Box 30195
 Lansing, MI 48909
 Forms Requisition

 Routing
 Mailroom_____

Account_____

Forms Mgmt._____

FAX your request to: (517) 335-8036

Phone 517-335-8955

VP: 517-335-8273

Date:	Requestor's Name:
Name of Agency/Program:	
Number and Street:	
City/State/Zip Code	
Phone#:	

<u>Form #</u>	<u>Description</u>	<u>Quantity Needed</u>
DCH-0474	Michigan's Community Hearing Screening Program - brochure (100/pkg) English	_____
DCH-0474a	Michigan's Community Hearing Screening Program - brochure (50/pkg) Arabic	_____
DCH-0474s	Michigan's Community Hearing Screening Program - brochure (50/pkg) Spanish	_____
DCH-0376	Services for Children Who Are Deaf or Hard of Hearing: A Guide for Families and Providers (each)	_____
DCH-0376s	Services for Children Who Are Deaf or Hard of Hearing: A Guide for Families and Providers-Spanish (each)	_____
DCH-1114sp	Parent Card (each) Spanish	_____
DCH-1114a	Parent Card (each) Arabic	_____
DCH-1132	Guidelines for Newborn Hearing Services	_____
DCH-1223	Hearing Screening Results Crib card-English (100/pkg)	_____
DCH-1223S	Hearing Screening Results Crib card-Spanish (100/pkg)	_____
DCH-1223A	Hearing Screening Results Crib card- Arabic (100/pkg)	_____
DCH-0708	Early Hearing Detection and Intervention Program Order Form (each)	_____
DCH-1411	Guide-By-Your-Side Brochures (50/pkg)	_____

Other Early Hearing Detection and Intervention Materials

Michigan Hands & Voices Brochures (each)

Babies & Hearing Notebook (\$25.00/each)

The notebooks will be sent out with an invoice for payment

Note: EHDI reserves the right to restrict quantity of brochures to hospitals based on birth population/need.